ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

## **Methodist Hospital Gary**

City: Gary County: Lake Year: 2003

Provider Type: General Acute

| I. Inpatient Care            |     |       |        |                                 |
|------------------------------|-----|-------|--------|---------------------------------|
| Hospital Service Description |     |       |        | Average Charge<br>Per Discharge |
| Burn Care                    | 0   | 0     | 0      | \$0                             |
| Cardiac Intensive            | 0   | 0     | 0      | \$0                             |
| ICU Med/Surg                 | 18  | 253   | 5,166  | \$11,565                        |
| ICU Neonatal                 | 11  | 89    | 1,524  | \$12,754                        |
| ICU Pediatric                | 0   | 0     | 0      | \$0                             |
| Medical/Surgical             | 153 | 7,246 | 39,367 | \$805                           |
| Neonatal Intermed            | 12  | 92    | 279    | \$2,551                         |
| Obstetrics                   | 23  | 1,083 | 2,757  | \$1,486                         |
| Pediatric                    | 25  | 551   | 1,691  | \$1,310                         |
|                              |     |       |        |                                 |

| Psychiatric     | 0   | 0      | 0      | \$0     |
|-----------------|-----|--------|--------|---------|
| Rehabilitation  | 36  | 984    | 7,523  | \$2,188 |
| Substance Abuse | 15  | 252    | 3,146  | \$2,582 |
| Swing Beds      | NA  | 21     | 462    | \$289   |
| Other Services  | 21  | 462    | 5,604  | NA      |
| Acute Subtotal  | 314 | 11,033 | 67,519 | NA      |
| Normal Newborn  | 43  | 740    | 2,326  | \$566   |

| II. Outpatient Visits                                  |        |                     |         |  |  |
|--|--------|---------------------|---------|--|--|
| Circulatory System                                     | 12,982 | Digestive System    | 5,645   |  |  |
| Endocrine System                                       | 9,255  | Injuries and Poison | 13,235  |  |  |
| Mental Disorder  | 4,108  | Musculoskeletal     | 9,217   |  |  |
| Neoplasms  | 3,313  | Nervous             | 4,133   |  |  |
| Respiratory  | 9,711  | Urinary             | 10,626  |  |  |
| Other/Unknown  | 54,068 | Total Visits        | 136,293 |  |  |
| Number of Visits to Emerg                              | 36,300 |                     |         |  |  |
| Percent of Emergency Department Visits of Total Visits |        |                     | 26.6%   |  |  |

## **Identification of Hospital Services**

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

| Y - Acute Renal Dialysis        | Y - Alcohol/Drug Service    | Y - Anesthesia Services    |
|---------------------------------|-----------------------------|----------------------------|
| Y - Blood Bank                  | N - Burn Care Unit          | N - Chiropractric Service  |
| Y - Coronary Care Unit          | N - Dental Services         | Y - Dietetic Services      |
| Y - Emergency Service           | Y - Home Care Program       | Y - Hospice                |
| Y - Inpatient Surgical Services | Y - Intensive Care Unit     | Y - Laboratory(Clinical)   |
| Y - Laboratory(Anatomical)      | Y - Long Term Care Unit     | Y - Neonatal Nursery       |
| Y - Nuclear Medicine Services   | Y - Obstetrics Services     |                            |
| Y - Occupational Therapy        | Y - Open Heart Surgery      | Y - Operating Room         |
| N - Optometric Service          | Y - Organ Bank              | N - Organ Transplant       |
| Y - Outpatient Service          | Y - Outpatient Surgery Unit | Y - Pediatric Services     |
| Y - Pharmacy                    | Y - Physical Therapy        | Y - Postoperative Recovery |
| Y - Psychiatric Services        | Y - Radiology(Diagnostic)   | Y - Radiology(Therapeutic) |
| Y - Rehabilitation Services     | Y - Respiratory Services    | Y - Self Care Unit         |
| Y - Shock Trauma                | Y - Social Services         | Y - Speech Pathology       |

| NA = | Not applicable | NMF = | No meaningful figure | NR = | Not reported |
|------|----------------|-------|----------------------|------|--------------|
|      |                |       |                      |      |              |

**Health Care Regulatory Services** 

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